COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 🗹 Agent Addressee Print your name and address on the reverse so that we can return the card to you. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes ☐ No Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: RECEIVED
JUL 0 \$ 2019 SEAA 2162 RONALD CROUCH 3000 NORTH 7000 EAST 3. Service Type CROYDON UT 84018 Express Mail Sertified Mail ☐ Return Receipt for Merchandise Registered ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7002 0510 228E 8555 5000 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UL 0 1 2019 Sender: Please print your name, address, and ZIP+4 in this box • WATER RIGHTS STATE OF UTAH DIVISION OF WATER RIGHTS Sender: Please print your name, address, and ZIP+4 in this box STATE OF UTAH DIVISION OF WATER RIGHTS SALT LAKE CITY UT 84114-6300 ATTN: BEN ANDERSON PO BOX 146300 First-Class Mail Postage & Fees

ATTN: BEN ANDERSON